

(1390 REV. 5-93) US DEPT. OF COMMERCE PATENT & TRADEMARK OFFICE		ATTORNEY'S DOCKET NUMBER 111504
TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371		
INTERNATIONAL APPLICATION NO. PCT/FR00/01848	INTERNATIONAL FILING DATE June 30, 2000	PRIORITY DATE CLAIMED July 16, 1999
TITLE OF INVENTION NEEDLELESS SYRINGE OPERATING WITH A DEVICE GENERATING A SHOCK WAVE THROUGH A WALL		
APPLICANTS FOR DO/EO/US Patrick ALEXANDRE et al.		
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:		
<ol style="list-style-type: none"> 1. <input type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. <input checked="" type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. 3. <input type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. 371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. 371(b) and PCT Articles 22 and 39(1). 4. <input type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date. 5. <input type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> has been transmitted by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US) 6. <input type="checkbox"/> A translation of the International Application into English (35 U.S.C. 371(c)(2)). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> have been transmitted by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input checked="" type="checkbox"/> An oath or declaration of the inventors (35 U.S.C. 371(c)(4)). 10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371 (c)(5)). 		
Items 11. to 16. below concern other document(s) or information included:		
<ol style="list-style-type: none"> 11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input type="checkbox"/> A FIRST preliminary amendment. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. 14. <input type="checkbox"/> A substitute specification. 15. <input type="checkbox"/> Entitlement to small entity status is hereby asserted. 16. <input type="checkbox"/> Other items or information: 		

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Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)). <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Claims</th> <th style="width: 25%;">Number Filed</th> <th style="width: 15%;">Number Extra</th> <th style="width: 45%;">Rate</th> </tr> <tr> <td>Total Claims</td> <td>- 20 =</td> <td></td> <td>X \$ 18.00</td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td></td> <td>X \$ 84.00</td> </tr> <tr> <td colspan="2">Multiple dependent claim(s)(if applicable)</td> <td></td> <td>+ \$280.00</td> </tr> <tr> <td colspan="4" style="text-align: center;">TOTAL OF ABOVE CALCULATIONS =</td> </tr> <tr> <td colspan="4" style="text-align: center;">\$130.00</td> </tr> <tr> <td colspan="4"> Reduction by 1/2 for filing by small entity, if applicable. - \$ </td> </tr> <tr> <td colspan="4" style="text-align: center;">SUBTOTAL =</td> </tr> <tr> <td colspan="4" style="text-align: center;">\$130.00</td> </tr> <tr> <td colspan="2"> Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 month from the earliest claimed priority date (37 CFR 1.492(f)). + \$ </td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">TOTAL NATIONAL FEE =</td> <td style="text-align: center;">\$130.00</td> <td></td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Amount to be refunded</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: center;">Charged</td> <td style="text-align: center;">\$</td> </tr> </table>		Claims	Number Filed	Number Extra	Rate	Total Claims	- 20 =		X \$ 18.00	Independent Claims	- 3 =		X \$ 84.00	Multiple dependent claim(s)(if applicable)			+ \$280.00	TOTAL OF ABOVE CALCULATIONS =				\$130.00				Reduction by 1/2 for filing by small entity, if applicable. - \$				SUBTOTAL =				\$130.00				Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 month from the earliest claimed priority date (37 CFR 1.492(f)). + \$				TOTAL NATIONAL FEE =		\$130.00				Amount to be refunded	\$			Charged	\$	
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SEND ALL CORRESPONDENCE TO: OLIFF & BERRIDGE, PLC P.O. Box 19928 Alexandria, Virginia 22320		 NAME: William P. Berridge REGISTRATION NUMBER: 30,024																																																				
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